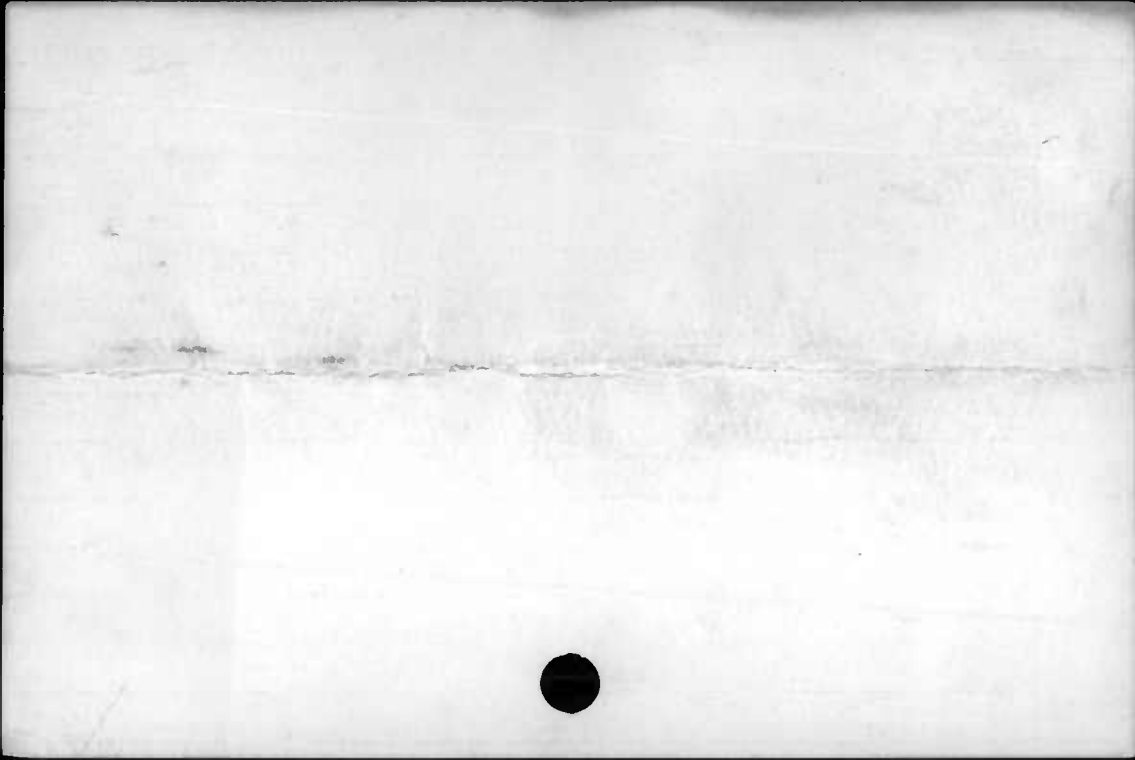


Name in Full Stanley Blackinton		CERTIFICATE OF DEATH	
Died at McKintyville <small>Town</small>		Kent <small>County</small>	
Date of death 19 17 <small>Year</small>		10 <small>Month</small>	
3 <small>Day</small>		10 <small>Days</small>	
Sex Male		Color or Race White	
Married, Single or Widowed		Occupation	
Name of Wife or Husband		Birthplace Maryland	
Father's Name G. W. Blackinton		Father's Birthplace Maryland	
Mother's Maiden Name Mary M. Beck		Mother's Birthplace Maryland	
Name of person giving information Arthur		How related to deceased	
CAUSES OF DEATH			
Primary Coronary Occlusion of		How long 10 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician R. R. Buell M.D.	
		Address Rock Hall	
Accident or Suicide?			



Name
in
Full

George T. Blake

CERTIFICATE OF DEATH

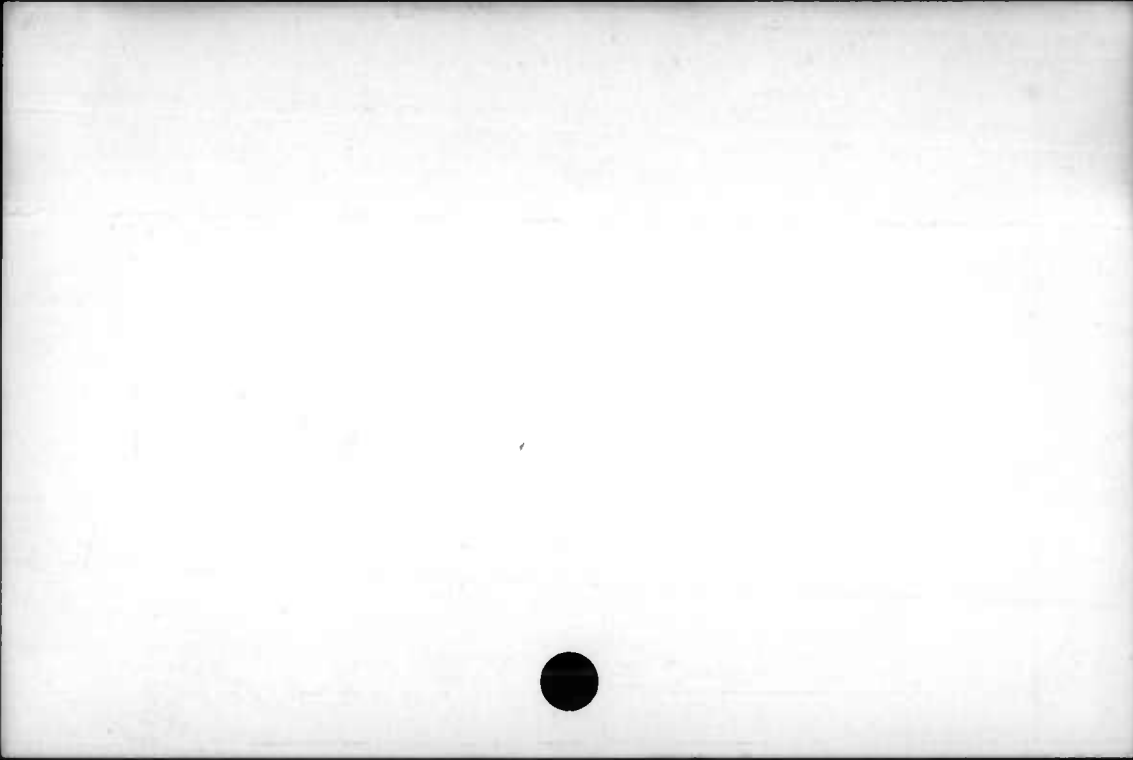
TO BE ANSWERED BY
NEAREST FRIEND

Died ⁷ at ^{year} <i>Georgetown</i> Town		County <i>Kent</i>		MARYLAND	
Date of death 1903	Month <i>Sept</i>	Day <i>16</i>	Age <i>21</i>	Years <i>2</i>	Months <i>2</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Kent Co., Md.</i>		
Married Single or Widowed			Occupation <i>Labourer</i>		
Name of Wife or Husband					
Father's Name <i>Samuel T. Blake</i>			Father's Birthplace <i>Kent Co., Md.</i>		
Mother's Maiden Name <i>Lizzie Gross</i>			Mother's Birthplace <i>Kent Co., Md.</i>		
Name of person giving information <i>Samuel T. Blake</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Leucorrhoea</i>	How long <i>1 year</i>
Immediate <i>Lumbar Abscess</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edward A. Scott,</i>
	Address <i>Salina, Md.</i>
<i>Admission</i>	



Name
in
Full

Archie B Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near</i> ^{Town} <i>Stoston</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death 190 <i>5</i>	^{Month} <i>Sept</i>	^{Day} <i>12</i>	^{Years} <i>33</i>	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co</i>		
Married, Single or Widowed <i>single</i>			Occupation <i>Make on Steam Boat</i>		
Name of Wife or Husband <i>[Signature]</i>					
Father's Name <i>Thomas B Bowers</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Susan Kelley</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Geo L Bowers</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Laryngeal & Pulmonary Tuberculosis</i>	How long <i>They say about 2 years</i>
Immediate <i>Laryngeal & Pulmonary Tuberculosis</i>	How long <i>" " " "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H Binge Simmons</i>
<i>I only saw deceased once, and he was then almost gone.</i>	Address <i>Chestertown Md.</i>
Accident or Suicide? <i>No</i>	

Still Pond.

Name
in
Full

Henry Llewellyn Boyd

CERTIFICATE OF DEATH

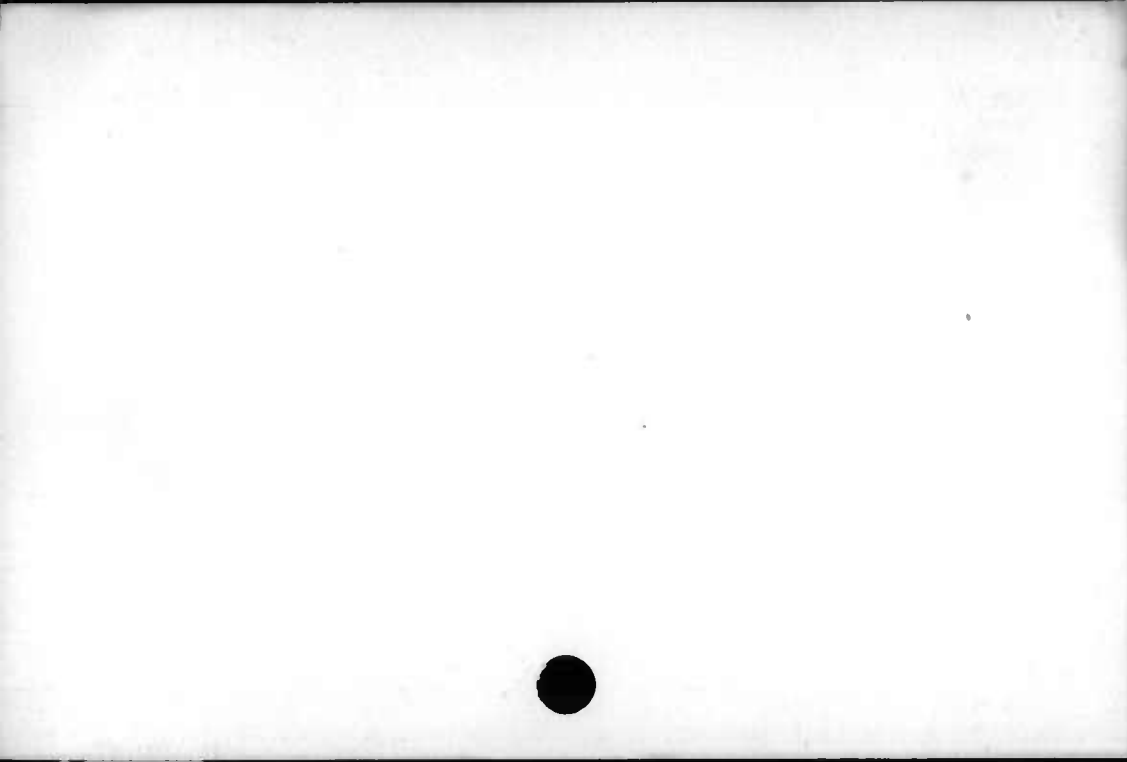
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death 190	3	Month	<i>Sept</i>	Day	4	Age	Years <i>15</i> Months <i>4</i> Days <i>24</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Chestertown</i>
Married, Single or Widowed				<i>School boy</i>			
Name of Wife or Husband							
Father's Name				<i>Henry Lawren Boyd</i>		Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name				<i>Jennie Friel</i>		Mother's Birthplace	<i>Maryland</i>
Name of person giving information				<i>Eloa C. Friel</i>		How related to deceased	<i>Aunt</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Septic Endocarditis</i>	How long	<i>2 days</i>
Immediate	<i>Syncope</i>	How long	<i>3 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>H. G. Summers</i>	
Address		<i>Chestertown, Kent</i>	
Accident or Suicide?		<i>No.</i>	



Name
in
Full

Thompson Briscoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Davis Hill</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Sept</i>	Day <i>23</i>	Age <i>19</i>	Months <i>9</i>	Days <i>27</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Kent St., Md.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Labourer</i>			
Name of Wife or Husband					
Father's Name <i>Elizabeth Briscoe</i>			Father's Birthplace <i>Kent St., Md.</i>		
Mother's Maiden Name <i>Bertie Scott</i>			Mother's Birthplace <i>Kent St., Md.</i>		
Name of person giving information <i>George Briscoe</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malaria Fever</i>	How long
Immediate <i>Intestinal hemorrhage</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Morton Kelley</i>
	Address <i>Kennedy Ave., Md.</i>
Accident or Suicide?	

John Adams
Davis Hill

Name
in
Full

William Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Coleman</u> <small>Town</small>		<u>Hunt</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u> <small>Month</small>		<u>3</u> <small>Day</small>	Age <u>66</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Ind</u>		
Married, Single or Widowed <u>married</u>		Occupation <u>Laborer</u>			
Name of Wife or Husband <u>Mary Frisby</u>					
Father's Name <u>Wm Brown</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>Chas Frisby</u>			How related to deceased <u>Nephew</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis.</u>	How long <u>two days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Wm. S. Maxwell,</u>
	Address <u>Still Pond, Md.</u>
Accident or Suicide?	

Still Poor

Mary Matilda Eisenbrey

Died at ^{Town} Edesville ^{County} Kent MARYLAND

Date 1903 ^{Month} Sept ^{Day} 21 ^{Age} 49 ^{Y.} ^{M.} ^{D.} ^{Native of} Md ^{Occupation} Housewife
~~Male~~ ^{White} ~~Married~~ ~~Widow~~ ~~Divorced~~
^{Female} ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ of William Eisenbrey
 Wife
 Father's Name Stephen Kendall Mother's Name Sarah E Downey

Cause of Death { Primary Typhoid Fever \ How long sick
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by J W Mc Clary M.D.
 Address Rock Hall Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in
Full

Rachel Purline Irvine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hammaryville</i>		County <i>Agout,</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Sept.</i>	Day <i>17</i>	Age <i>60</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife <i>Louis Irvine</i>					
Father's Name <i>Cornelius Prunier tan</i>			Father's Birthplace		
Mother's Maiden Name <i>Purline Lilly</i>			Mother's Birthplace		
Name of person giving information <i>Amir P. Matthews</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tachycardia</i>	How long <i>12 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Hunsbrey</i>
	Address <i>Hammaryville, Md</i>
Accident or Suicide?	

Christiana

Certificate of Death

Died at Houston Town San County MARYLAND

Husband of *D. J. G. Fisher*
 Wife *D. J. G. Fisher*
 Father's Name *J. W. Constantine*
 Mother's Name *Harriette Ringwood*

Reported by *W Frank F Jones Mr*

Address *Chesler*

LIBRARY BUREAU 79898



Name in Full Martha A. E. Harper		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Still Pond <small>Town</small>		Kent <small>County</small>
	Date of death 1903 Sept <small>Month</small> 28 <small>Day</small>		71 <small>Years</small> <small>Age</small>
	Sex female		White <small>Color or Race</small>
	Married, Single or Widowed married		House wife <small>Occupation</small>
	Name of deceased Franklin H. Harper <small>Husband</small>		
	Father's Name Joseph J. Webb		md <small>Father's Birthplace</small>
	Mother's Maiden Name Asgenath Stoney		md <small>Mother's Birthplace</small>
Name of person giving information Joseph W. Harper		Son <small>How related to deceased</small>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Bright's Disease		How long 10 yrs.
	Immediate Paralysis.		How long 4 days.
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Wm. S. Maxwell
	Yes.		Address Still Pond, Md.
	Accident or Suicide?		

Still Pond

Name
in
Full

CERTIFICATE OF DEATH

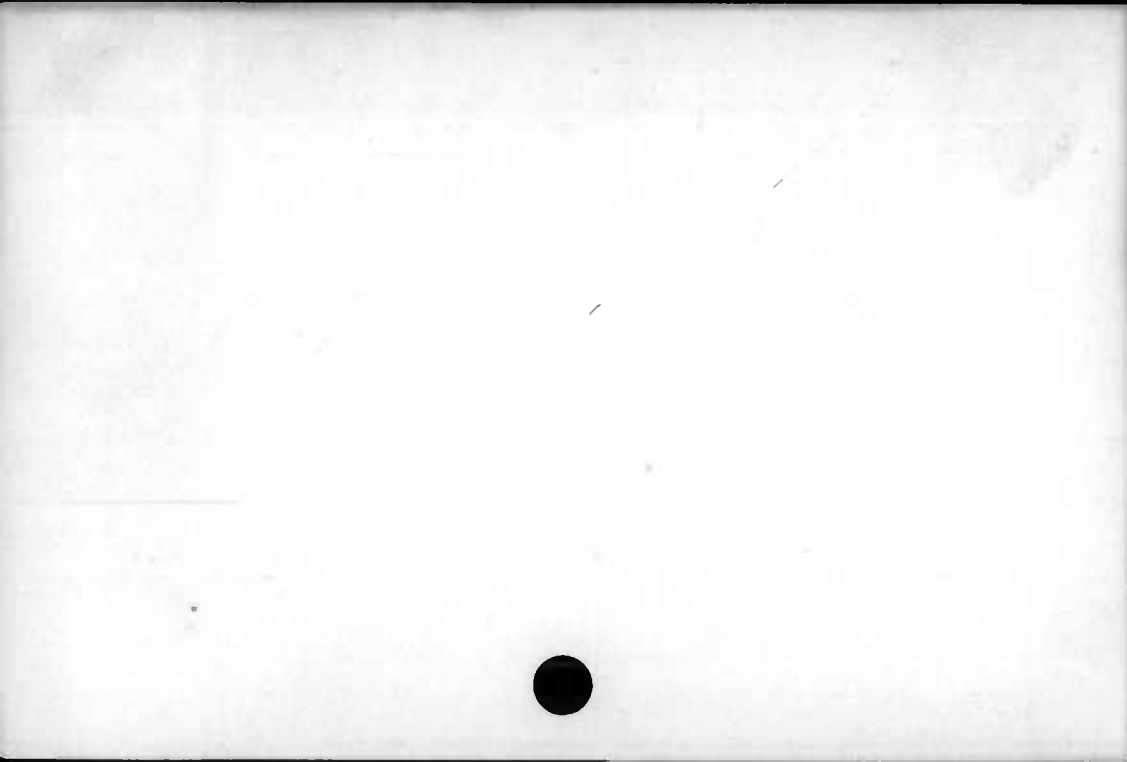
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>George Town.</i>		Town <i>George Town.</i>		County <i>Pearl River.</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Sept.</i>	Day <i>22.</i>	Age <i>23.</i>	Years <i>23.</i>	Months <i>—</i>	Days <i>5</i>	
Sex <i>Male.</i>	Color or Race <i>Black.</i>	Birth-place <i>Kent Co Md.</i>					
Married, Single or Widowed <i>Single.</i>	Occupation <i>Oysterman</i>						
Name of Wife or Husband <i>None.</i>							
Father's Name <i>George Thomas Henry</i>				Father's Birthplace <i>Kent Co Md.</i>			
Mother's Maiden Name <i>Benjamin Rasier</i>				Mother's Birthplace <i>Kent Co Md.</i>			
Name of person giving information <i>George Thomas Henry</i>				How related to deceased <i>Father.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Syphilitic</i>	How long <i>3 weeks.</i>
Immediate <i>Conjunctive</i>	How long <i>5 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Dr. Orhalan</i>
	Address <i>Georgetown Md.</i>
Accident or Suicide? <i>no.</i>	



Name in Full

Certificate of Death

James R Jones

Town

Millington

County

Kent

MARYLAND

Died at

Date

1913

Month

Sept

Day

1

Y.

78

M.

D.

Native of

Delaware

Occupation

Retired farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

6

Husband

of

Wife

Father's

Name

Cause of

Primary

Cystitis

Immediate

Death

Mother's

Name

Anna James

How long sick

Two weeks

Accident, Suicide, Homicide

Reported by

E. G. Clark

Address

Millington

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Rock Hall		Kent		Co.		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
3		Sept.	7	62		3	9
Sex	Female		Color or Race	White		Birth-place	Kent Co.
Married, Single or Widowed	Married			Occupation			
			Housewife				
Name of Wife or Husband		Samuel Joyner					
Father's Name		Joseph H. Ford				Father's Birthplace	Kent Co.
Mother's Maiden Name		Henryatta				Mother's Birthplace	Kent Co.
Name of person giving information		Thomas Joyner				How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	How long	10 years
Immediate	Exhaustion	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. O. Selby	
Address		Rock Hall, Md.	
Accident or Suicide?			



Name

in
Full

Emily Jane Cooper Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Kennedyville		County Kent		MARYLAND	
Date of death 1903	Month Sept.	Day 19	Age 33	Years		Months	Days
Sex Female	Color or Race White		Birth- place Kent Co. Md.				
Married, Single or Widowed Married			Occupation Housewife				
Name of Wife or Husband George W. Long							
Father's Name Joseph G. Cooper				Father's Birthplace 93			
Mother's Maiden Name Georgetta Argadine				Mother's Birthplace 93			
Name of person giving In formation Mrs Joseph G. Cooper				How related to deceased mother.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	How long .
Immediate Pneumonia	How long two weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician G. J. Barrick
	Address Kennedyville Md.
Accident or Suicide?	



Name
in
Full

Mabel Mammaring

CERTIFICATE OF DEATH

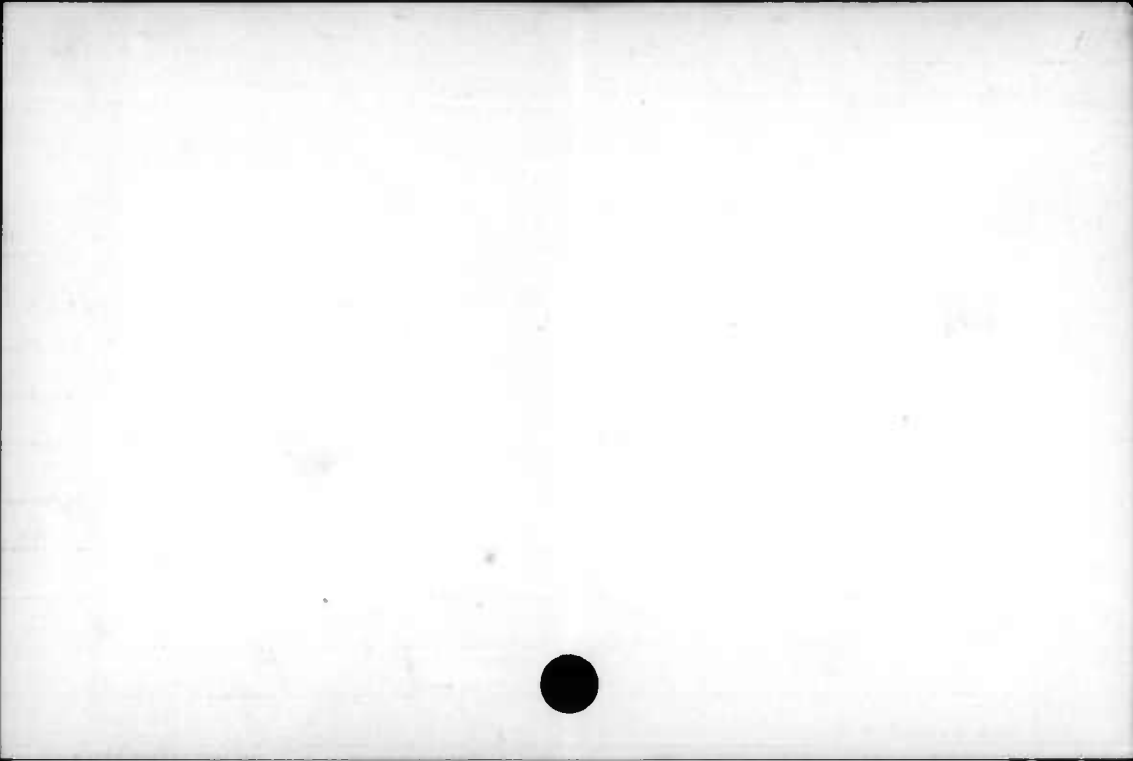
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake</i>		Town <i>Chesapeake</i>		County <i>Sevent</i>		MARYLAND	
Date of death 190	<i>3</i>	Month <i>Sept.</i>	Day <i>16</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Chesapeake</i>				
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Joseph L. Mammaring</i>				Father's Birthplace <i>Delaware</i>			
Mother's Maiden Name <i>Emma M. Katt</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Jos. Mammaring</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. P. Towne M.D.</i>
	Address <i>Millington Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Hannah Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesley</i> Town		County <i>Kent.</i>		MARYLAND	
Date of death 1903	Month <i>Sept.</i>	Day <i>27.</i>	Age <i>83.</i>	Years	Months
Sex <i>Female.</i>	Color or Race <i>Black.</i>		Birth-place <i>Kent Co Md</i>		
Married, Single or Widowed <i>Widow</i>			Occupation		
Name of Wife or Husband <i>Aaron Miller</i>					
Father's Name <i>Count Days</i>			Father's Birthplace <i>Count Days</i>		
Mother's Maiden Name <i>Count Days</i>			Mother's Birthplace		
Name of person giving information <i>Ed Miller</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arteriosclerosis</i>	How long <i>6 months</i>
Immediate <i>Minor Pains</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. O. Chalmers</i>
	Address <i>Chesley, Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

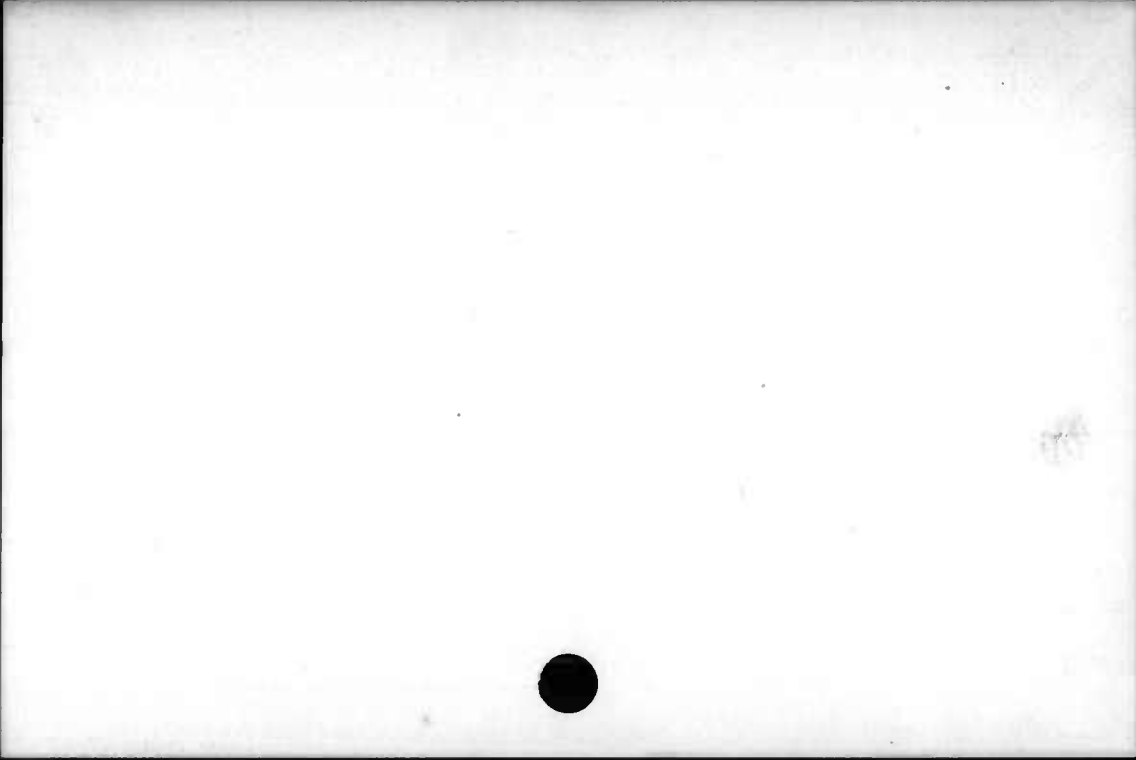
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Hannah Munson		Town Castleton		County Kent		State MARYLAND	
Died at Castleton		Date of death 190 3		Month Sept		Day 21	
Age 35		Years 35		Months 		Days 	
Sex Female		Color or Race Black		Birth-place Kent Co			
Married, Single or Widowed Married		Occupation Housewife					
Name of Wife or Husband John Munson		Father's Name Daniel Connegys					
Father's Name Daniel Connegys		Father's Birthplace Maryland					
Mother's Maiden Name Sallie Riley		Mother's Birthplace "					
Name of person giving information James Scott		How related to deceased Cousin					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Consumption		How long 4 months	
Immediate yes		How long his	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician James Scott	
attest W. Melvin		Address Hairlee Md	
Accident or Suicide? 			



Name

in Full

Infant not named, Oakley

CERTIFICATE OF DEATH

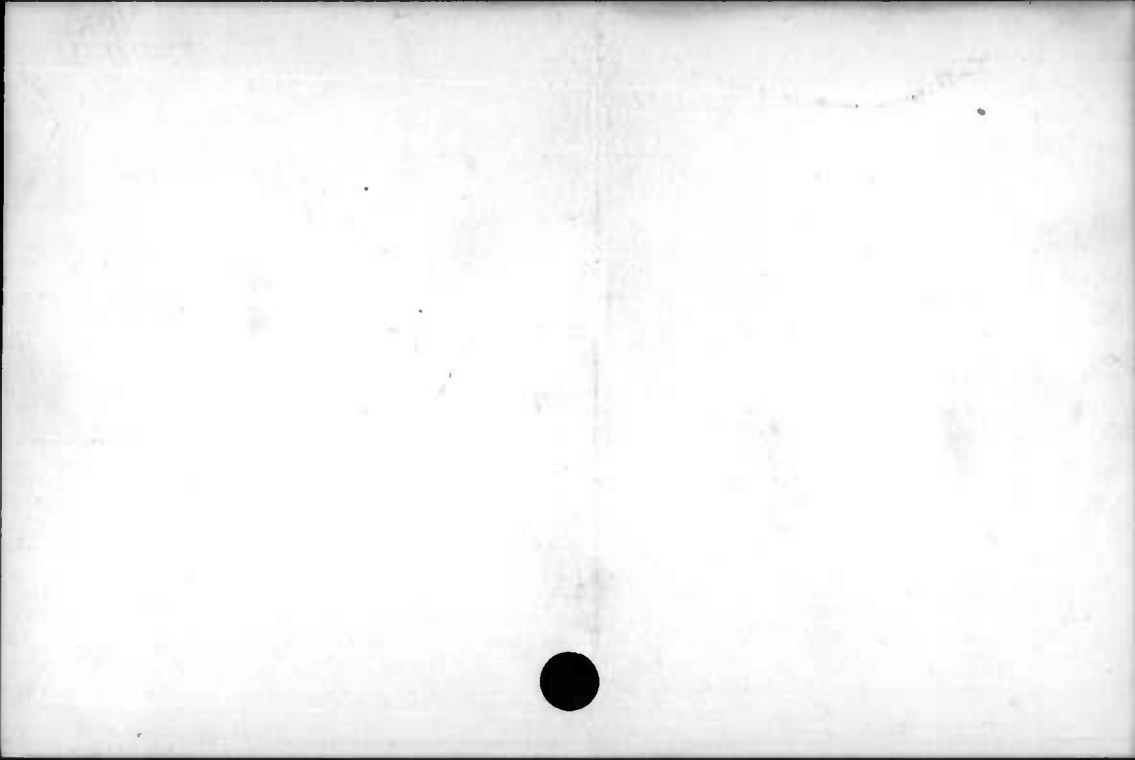
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Big woods</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death 1903	<i>Sept</i> ^{Month}	<i>25</i> ^{Day}	Age	<i>Years</i>	<i>Months</i> <i>24</i> ^{Days}
Sex <i>female</i>	Color or Race <i>black</i>		Birth-place <i>Big woods</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>A. Louis Oakley</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Annie M. Wilson</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Louis Oakley</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enter. Colitis</i>	How long
Immediate <i>Enter. Colitis</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. I. Barnett MD</i>
	Address <i>Kennedyville Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

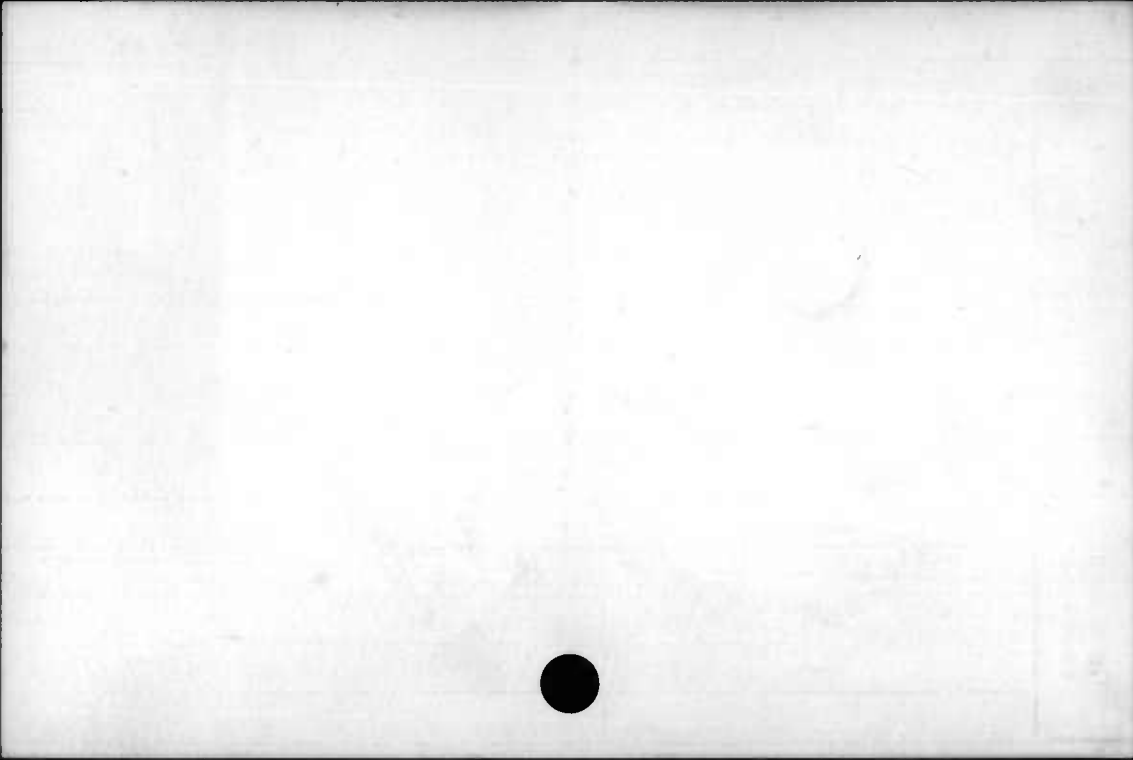
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Lloyd H. Porter</i>		Town <i>Portomona</i>		County <i>Kent</i>		STATE MARYLAND	
Died at <i>Portomona</i>		Date of death 190 <i>3</i>		Age <i>23</i>		Months <i>10</i> Days <i>5</i>	
Month <i>Sept.</i>		Day <i>28</i>		Years <i>23</i>		Months <i>10</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Portomona.</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i>Oysterman</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>J. H. Porter</i>				Father's Birthplace <i>Kent Co</i>			
Mother's Maiden Name <i>Emily I. Berger</i>				Mother's Birthplace <i>Pennsylvania</i>			
Name of person giving information <i>Moses S. Fagg</i>				How related to deceased <i>Step father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Laryngeal & Pulmonary Tuberculosis</i>		How long <i>2 years</i>	
Immediate <i>" " " "</i>		How long <i>2 years</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. Bruce Simmons</i>	
Address <i>Cheslerston Md</i>			
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

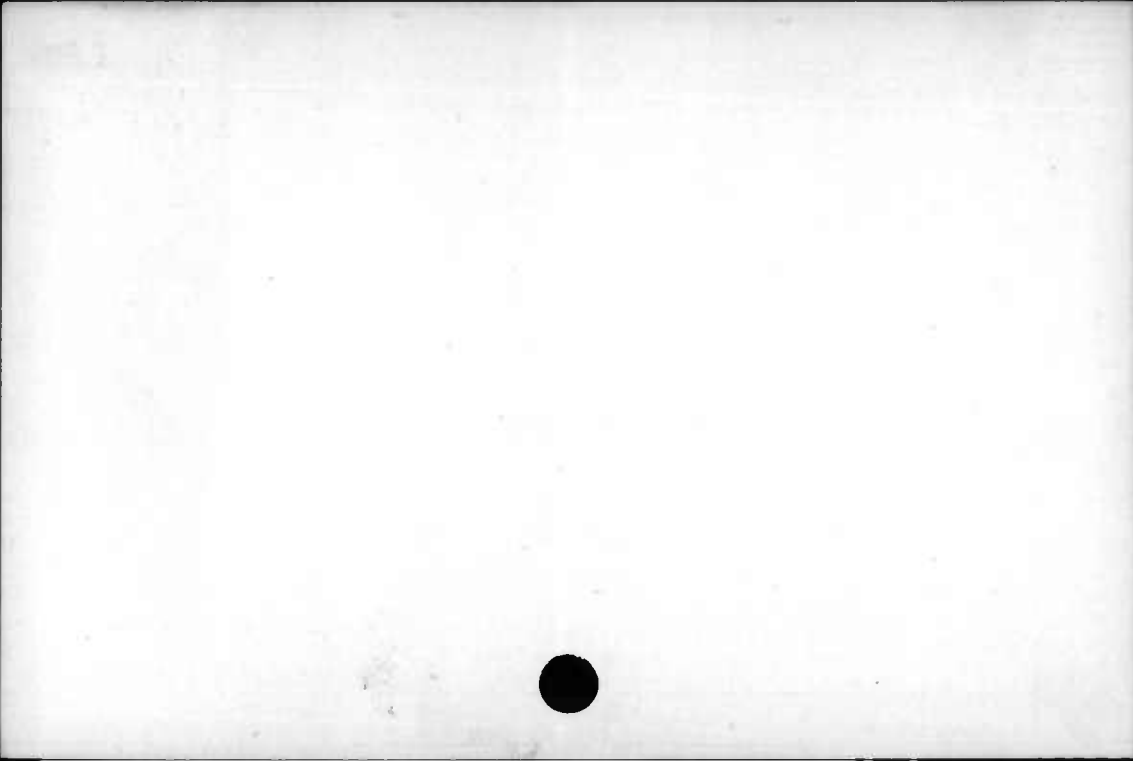
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND		
Date of death 1903		Month	Day	Age		Years	Months	Days
Sex		Color or Race		Birth-place				
Married, Single or Widowed				Occupation				
Name of Wife or Husband								
Father's Name				Father's Birthplace				
Mother's Maiden Name				Mother's Birthplace				
Name of person giving information				How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

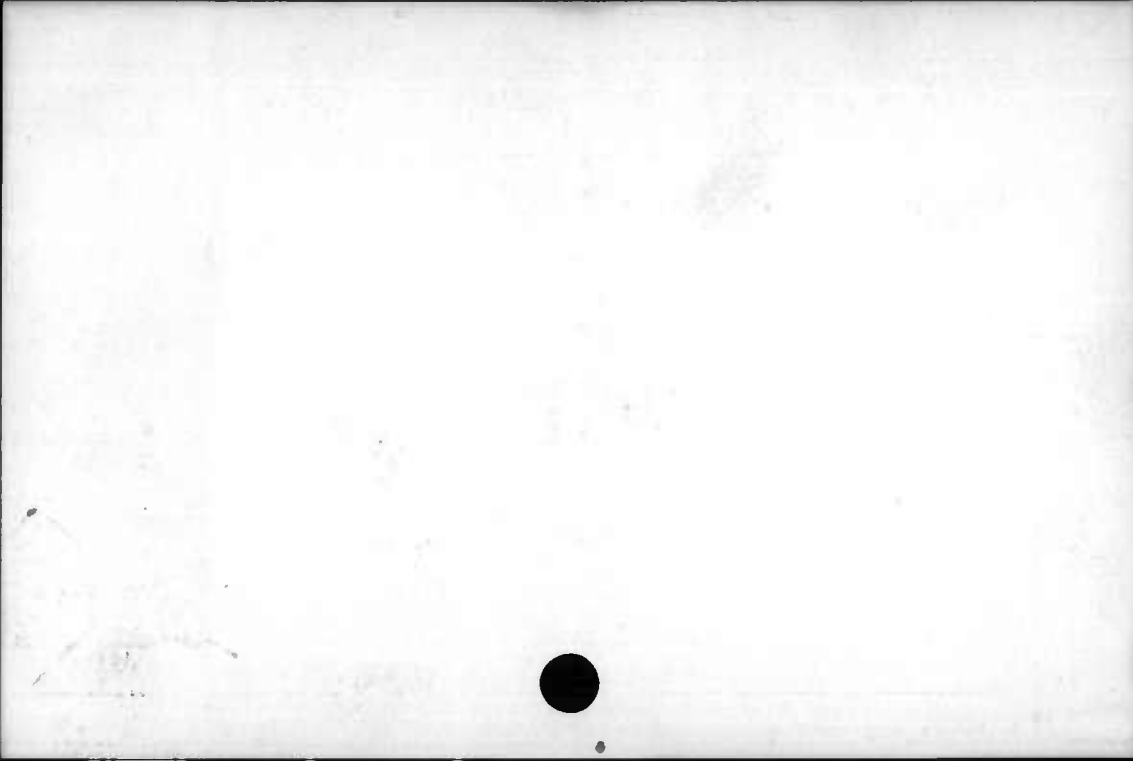
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Millington</i>		Town <i>Millington</i>		County <i>Kent</i>		State <i>MD</i>	
Date of death 190 <i>3</i>	Month <i>Sept</i>	Day <i>25</i>	Age <i>31</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Near Millington</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i>Farmer</i>			
Name of Wife or Husband <i>Anthony Quinn</i>							
Father's Name <i>Michael Quinn</i>				Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Julia Connor</i>				Mother's Birthplace <i>Id</i>			
Name of person giving information <i>Jos Quinn</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. S. Clark</i>
		Address <i>Millington Md</i>
Accident or Suicide?		



Name
in
Full

Harriet E. Starling

CERTIFICATE OF DEATH

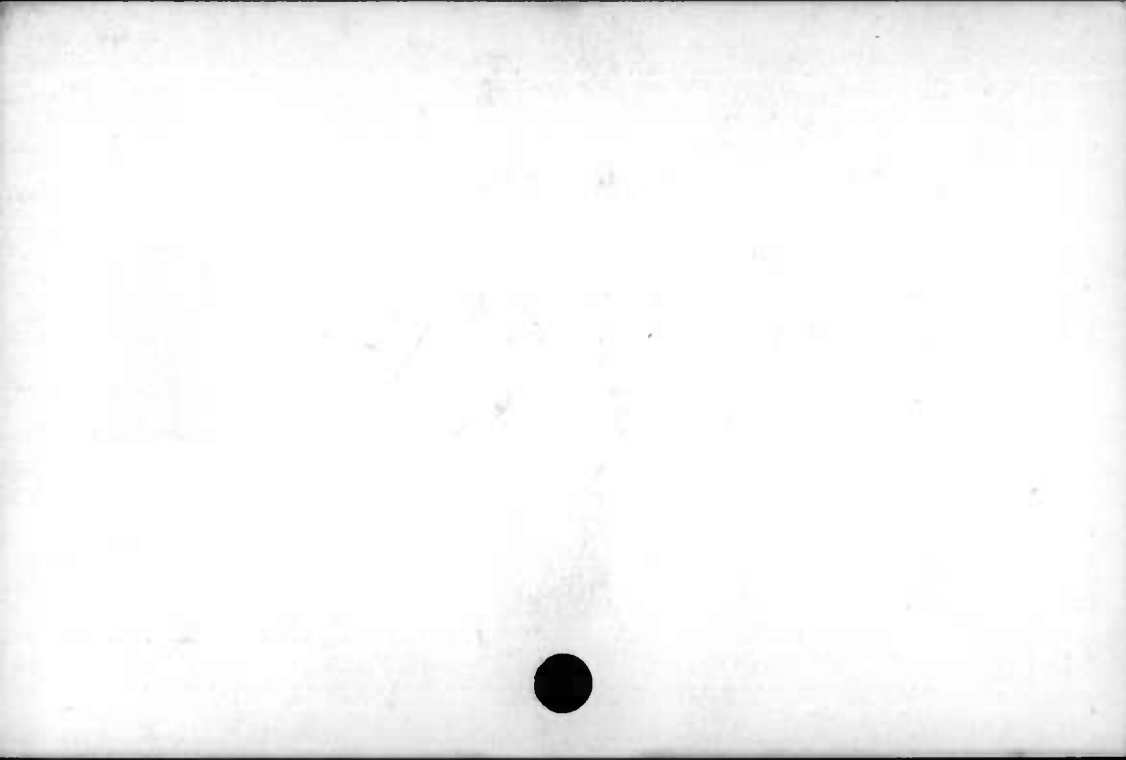
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death 1903	Month <i>Sept</i>	Day <i>23</i>	Age	Years <i>72</i>	Months	Days	
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Chestertown</i>
Married, Single or Widowed	<i>Widowed</i>			Occupation	<i>Cook</i>		
Name of Wife or Husband							
Father's Name	<i>Carson Benton</i>				Father's Birthplace	<i>Chestertown</i>	
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information	<i>John Starling</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cirrhosis of Liver</i>	How long	<i>10 months</i>
Immediate	<i>Asthemia</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. G. Simpser</i>
		Address	<i>Chestertown Kent</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

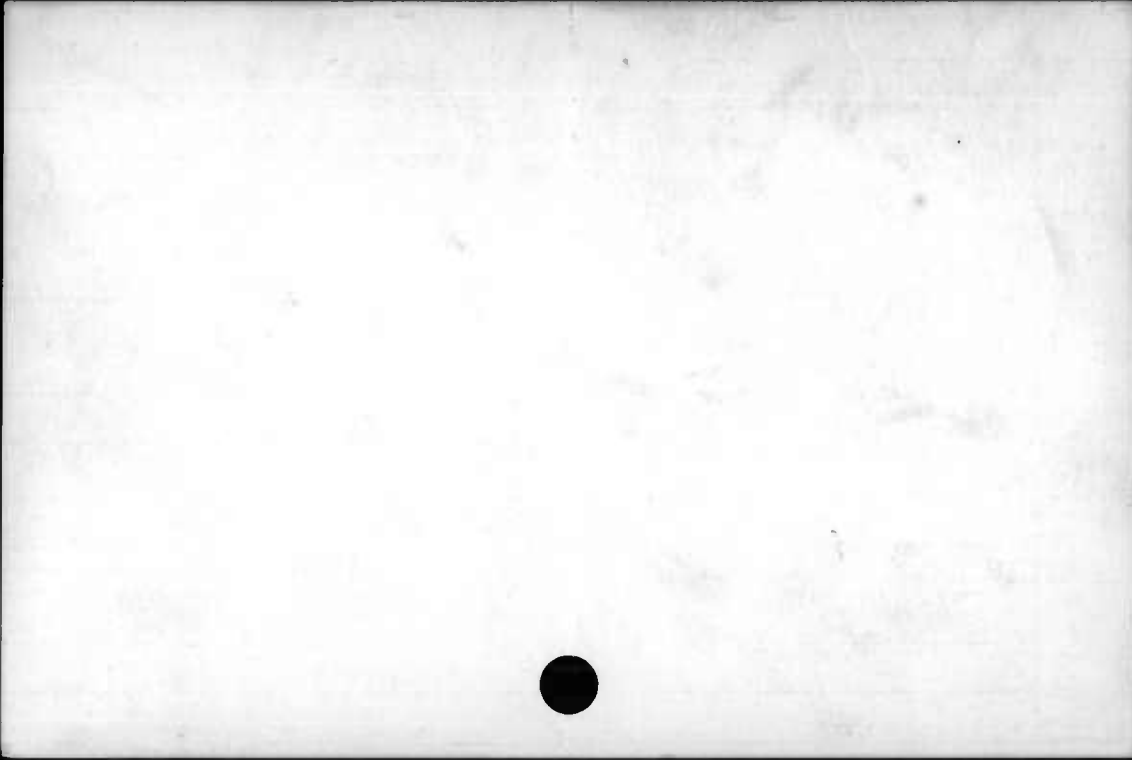
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cheslerwill</i> Town		<i>Kent</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Sept</i>	Day <i>30</i>	Age Years	Months <i>9</i>	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Cheslerwill</i>		
Married, Single or Widowed <i>Single</i>	Occupation <i>none</i>				
Name of Wife or Husband					
Father's Name <i>Moncure Stephens</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Annie Henderson</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Moncure Stephens</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Inflammation of bowels</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. H. Sheppard M. D.</i>
	Address <i>Crumpton Rd</i>
Accident or Suicide?	



Name
in
Full

Annie C Storke

CERTIFICATE OF DEATH

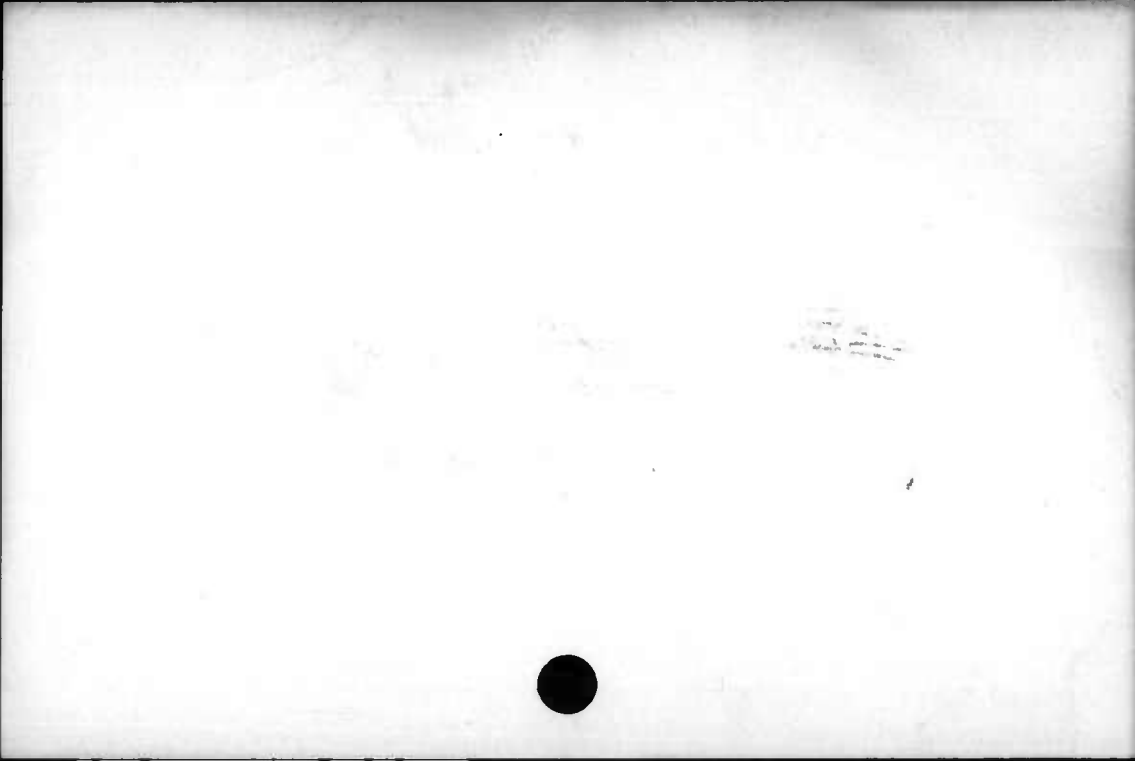
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Chestertown</i>		^{County} <i>Kent</i>		MARYLAND	
Date of death 1903	Month <i>Sept</i>	Day <i>15</i>	Age <i>60</i>	Months <i>11</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Daniel G. Storke</i>					
Father's Name <i>John Rogers</i>			Father's Birthplace <i>Balto.</i>		
Mother's Maiden Name <i>Sallie Pindor</i>			Mother's Birthplace <i>Caroline Co</i>		
Name of person giving information <i>Daniel G Storke</i>			How related to deceased <i>Husband</i>		

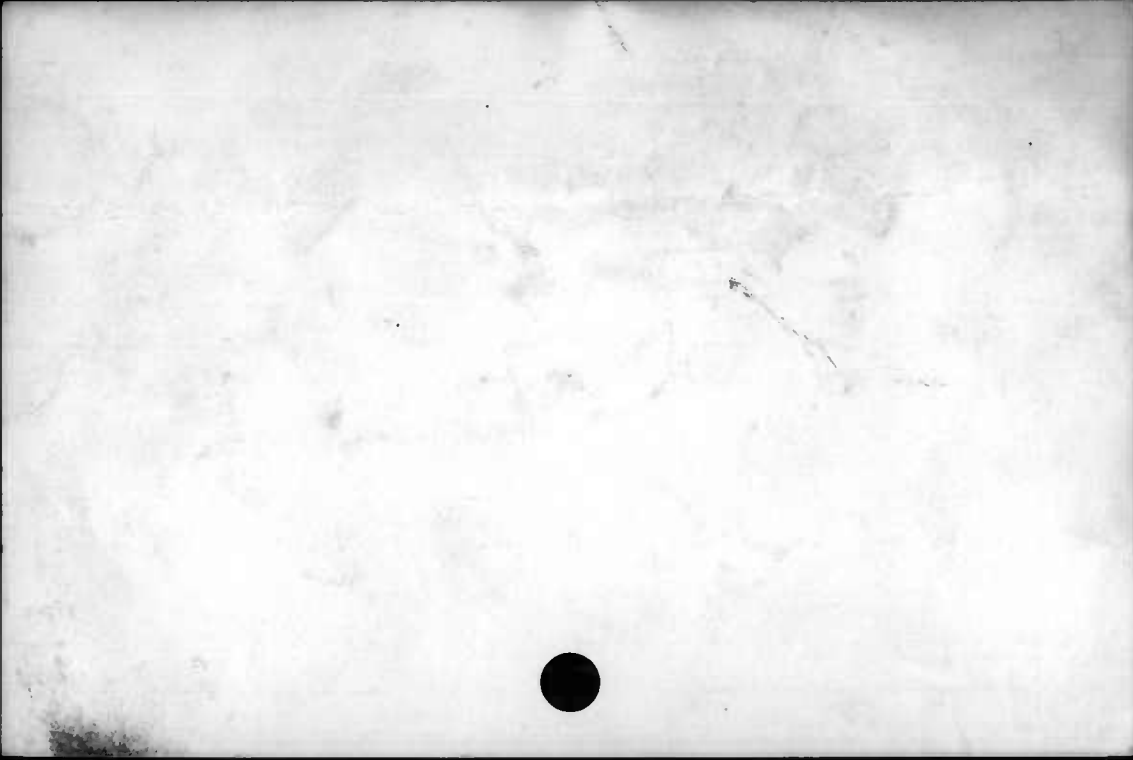
CAUSES OF DEATH

PHYSICIAN
OR CORONER

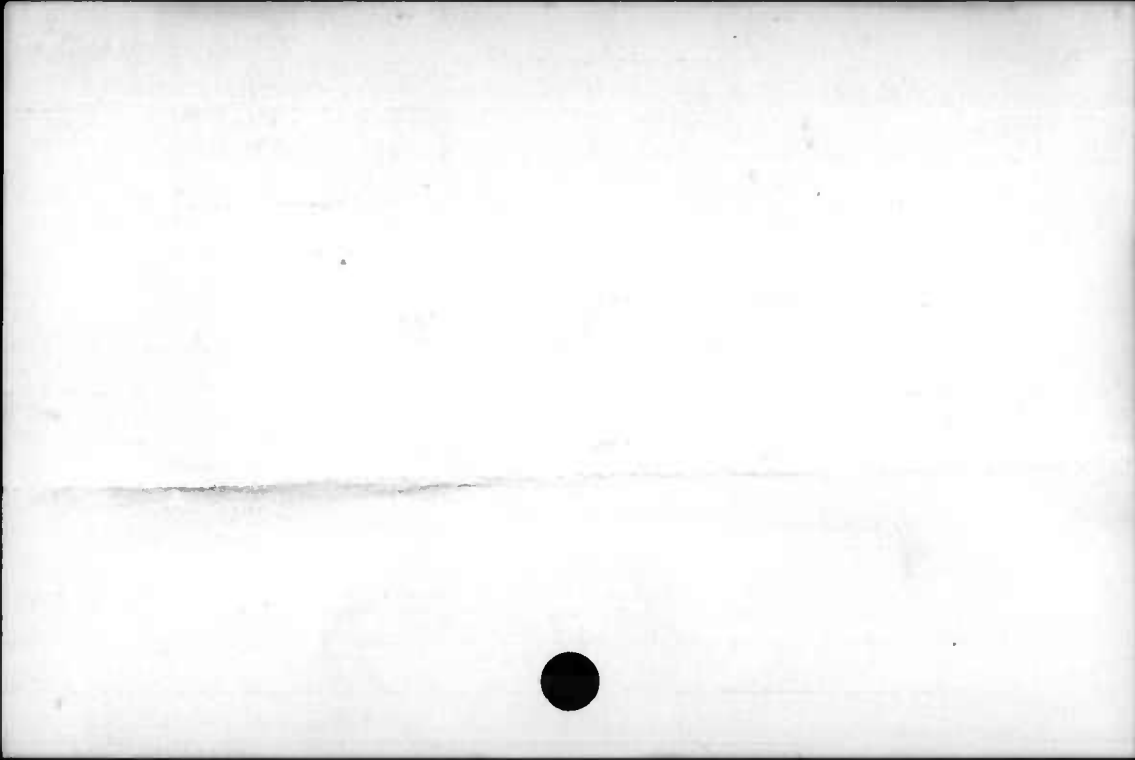
Primary <i>Apoplexy</i>	How long <i>1 1/2 hrs</i>
Immediate <i>Coma</i>	How long <i>1 1/2 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. T. Simpers</i>
	Address <i>Chestertown, Kent Co</i>
Accident or Suicide? <i>No</i>	



Name in Full		Mary Foulds, Union				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Brown Town		Krust, County		MARYLAND
	Date of death 190	Month	Day	Age	Years	Months	Days
		Sept	17				30
	Sex	Female		Color or Race	Black		Birth- place
	Married, Single or Widowed		Single		Occupation		
	Name of Wife or Husband						
PHYSICIAN OR CORONER	Father's Name		Samuel Foulds		Father's Birthplace		
	Mother's Maiden Name		Annie Foulds		Mother's Birthplace		
	Name of person giving In formation		Samuel Foulds		How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Acute Indigestion			How long	
						20 days	
	Immediate					How long	
Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		J. Horton Kelley	
				Address		Kenndyville, Md.	
Accident or Suicide?							



Name in Full		Town				County		MAYLAND	
Frank J. Frosty		Died at <i>near</i>		<i>Salena</i>		<i>Hart</i>		MAYLAND	
Date of death 1903		Month <i>Sept</i>		Day <i>1</i>		Age <i>1</i>		Months <i>1</i> Days <i>1</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Hart Co. Md</i>					
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name <i>Frank Frosty</i>				Father's Birthplace					
Mother's Maiden Name <i>May Kachet</i>				Mother's Birthplace					
Name of person giving information <i>Ben Berry</i>				How related to deceased <i>Uncle</i>					
CAUSES OF DEATH									
Primary <i>Infantile Diphtheria</i>				How long <i>5 days</i>					
Immediate				How long					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>Edward A. Scott</i>					
				Address <i>Salena Md</i>					
Accident or Suicide?									



Name in Full Mary Wilmer		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Betherton Town		Kent County		MARYLAND
	Date of death 190 3	Month Sept	Day 25	Age — Years	Months 6 Days 5
	Sex female	Color or Race black		Birth-place ind	
	Married, Single or Widowed Single		Occupation —		
	Name of Wife or Husband —				
	Father's Name Thomas Wilmer	Father's Birthplace ind			
	Mother's Maiden Name Mary Houston	Mother's Birthplace ind			
Name of person giving information Thomas Wilmer		How related to deceased Father			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary			How long	
	Immediate Miasma			How long since birth	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Wm R. Mexxak	
				Address Stee Ford Ma,	
	Accident or Suicide?				

Coleman



Name in Full		Norman Wilmer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Still Pond		Kent		MARYLAND
	Date of death 190	3	Sept	25	Age	—	Months 2 Days 20
	Sex	Male		Color or Race	Black		Birth-place Md
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name	Edward Wilmer				Father's Birthplace	Md
	Mother's Maiden Name	Annie Johnston				Mother's Birthplace	Md
Name of person giving information		Edw Wilmer				How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	
	Marasmus,					1 month	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Address		
				Wm. S. Maxwell,			
				Still Pond, Md.			
Accident or Suicide?							

Theresa
Stevens

Name
in
Full

Arthur E. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		County <i>Kent</i>		MARYLAND	
Date of death 1903	Month <i>9</i>	Day <i>15</i>	Age <i>8 weeks</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Frederick</i>			
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name <i>Edward Wilson</i>		Father's Birthplace <i>Frederick</i>			
Mother's Maiden Name <i>J. Hammington</i>		Mother's Birthplace <i>"</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Month</i>
Immediate <i>"</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. L. ...</i>
	Address <i>Frederick</i>
Ment or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

James Alfred Knight

Town

County

Died at

Baltimore

Kent

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1902

Sept

13

Age

44

8

21

Sex

Male

Color or
Race

Black

Birth-
place

Kent Co, Md

Married, Single
or Widowed

Married

Occupation

Laborer

Name of Wife or
Husband

Sarah Thomas

Father's
Name

Thomas H. Knight

Father's
Birthplace

Kent Co, Md

Mother's
Maiden Name

Henrietta Jones

Mother's
Birthplace

Kent Co, Md

Name of person giving
Information

Thomas H. Knight

How related
to deceased

Father

CAUSES OF DEATH

Primary

Coronary thrombosis

How long

4 1/2 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. Herbert Kelley,
Kensington, Md.

Resident of State?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Fountain Church